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PATENT, TRADEMARK
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

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Date: May 23, 2006

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FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner E.M. MERCADER
Group Art Unit 3768, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/075,284
Attorney Docket No.: H&A-107

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL; AND
REPLY.


Daniel J. Stanger
Reg. No. 32,846

May 23, 2006

Date

Total Number of Pages (including cover sheet): 16

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Form PTO-1083

Patent

In RE application of K. SASAKI et al.

Case Docket No. H&A-107

Serial No.: 10/075,284

Group Art Unit: 2857

Filed: February 15, 2002

For: THERAPEUTIC ULTRASOUND SYSTEM

Examiner: E.M. MERCADER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

May 23, 2006

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|---|----------------------------------|-------|----------|---------------------------------|---------------|--------------|----------------|----|---------------------------|----------------|
| | Claims Remaining After Amendment | | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | | Rate | Additional Fee |
| Total | 6 | Minus | ** | 20 | = | 0 | | | X 50 | \$ 0 |
| Indep. | 3 | Minus | *** | 3 | = | 0 | | | X 200 | \$ 0 |
| First presentation of Multiple Dependent Claims | | | | | | X 100 | \$ | | X 360 | \$ |
| | | | | | | X 180 | \$ | | Total | \$ 0 |
| | | | | | | Total | \$ | | | |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$_____.

A Credit Card Payment Form in the amount of \$_____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Attorney for Applicant(s)

Date: May 23, 2006

H&A-107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

K. SASAKI et al.

Serial No. 10/075,284

Group Art Unit: 3768

Filed: February 15, 2002

Examiner: E. Mantis Mercader

For: THERAPEUTIC ULTRASOUND SYSTEM

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REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

May 23, 2006

Sir:

In Reply to the Office Action mailed February 23, 2006,
please amend the application as set forth below.